

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
CLE-001340862-01PRODUCER
MARSH USA INC
TWO LOGAN SQUARE
PHILADELPHIA, PA 19103
Attn: NAMALIE DESILVA
PHILADELPHIA.CERTS@MARSH.COM

25367 -ALL-GAWUP-05-06

INSURED
WESTON SOLUTIONS, INC.
ATTN: SUSAN HIPPI-LUDWICK
1400 WESTON WAY
WEST CHESTER, PA 19380

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY

A COMMERCE & INDUSTRY

COMPANY

B LIBERTY MUTUAL INSURANCE COMPANY

COMPANY

C N/A

COMPANY

D N/A

COVERAGES

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY		GL 3779410	01/15/05	01/15/06	GENERAL AGGREGATE	\$ 2,000,000	
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000	
	<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/>	CONTRACTUAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 1,000,000	
	<input checked="" type="checkbox"/>	PER PROJECT AGGREGATE				MED EXP (Any one person)	\$ 10,000	
	AUTOMOBILE LIABILITY							
B B	<input checked="" type="checkbox"/>	ANY AUTO	AS2131477160-035 (AOS)	01/15/05	01/15/06			
	<input type="checkbox"/>	ALL OWNED AUTOS	AS2131477160-045(TX)	01/15/05	01/15/06	BODILY INJURY (Per person)	\$	
	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/>	HIRED AUTOS				PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/>	NON-OWNED AUTOS						
GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$		
	<input type="checkbox"/>	ANY AUTO				OTHER THAN AUTO ONLY:		
	<input type="checkbox"/>					EACH ACCIDENT	\$	
	<input type="checkbox"/>					AGGREGATE	\$	
EXCESS LIABILITY					EACH OCCURRENCE	\$		
	<input type="checkbox"/>	UMBRELLA FORM				AGGREGATE	\$	
	<input type="checkbox"/>	OTHER THAN UMBRELLA FORM					\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC2131477160015	01/15/05	01/15/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL					EL EACH ACCIDENT		\$ 1,000,000
						EL DISEASE-POLICY LIMIT		\$ 1,000,000
								EL DISEASE-EACH EMPLOYEE
OTHER								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

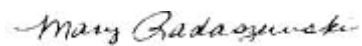
CANCELLATION

EVIDENCE OF INSURANCE

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

BY: Mary Radaszewski



MM1(3/02)

VALID AS OF: 01/25/05

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
CLE-001340862-03PRODUCER
MARSH USA INC
TWO LOGAN SQUARE
PHILADELPHIA, PA 19103
Attn: NAMALIE DESILVA
PHILADELPHIA.CERTS@MARSH.COM

25367 -ALL-GAWUP-05-06

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COMPANIES AFFORDING COVERAGE

COMPANY
A N/ACOMPANY
B N/ACOMPANY
C N/ACOMPANY
D AMERICAN INTERNATIONAL SPECIALTY LINES INS CO

COVERAGES

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	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input type="checkbox"/> <input type="checkbox"/>				GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
					PERSONAL & ADV INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
					EL EACH ACCIDENT	\$
					EL DISEASE-POLICY LIMIT	\$
					EL DISEASE-EACH EMPLOYEE	\$
D	OTHER CONTRACTORS POLLUTION LEGAL LIABILITY	COPS3779570	01/15/05	01/15/06	PER OCCURRENCE AGGREGATE	1,000,000 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

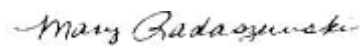
EVIDENCE OF INSURANCE

CANCELLATION

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MARSH USA INC.

BY: Mary Radaszewski



MM1(3/02)

VALID AS OF: 01/25/05

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PRODUCER
MARSH USA INC
TWO LOGAN SQUARE
PHILADELPHIA, PA 19103
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COMPANIES AFFORDING COVERAGE

COMPANY
A N/A

COMPANY
B N/A

COMPANY
C NATIONAL UNION FIRE INS CO

COMPANY
D N/A

COVERAGES

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	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input type="checkbox"/> <input type="checkbox"/>				GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
					PERSONAL & ADV INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	BE2684772	01/15/05	01/15/06	EACH OCCURRENCE	\$ 1,000,000
					AGGREGATE	\$ 1,000,000
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<input type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER	
					EL EACH ACCIDENT	\$
					EL DISEASE-POLICY LIMIT	\$
					EL DISEASE-EACH EMPLOYEE	\$
	OTHER					

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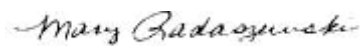
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